DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: GERALD MARTIN APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 2/2/01
PROPOSED FACILITY: 3 BR ITSE PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 17.0 Ac.
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1		0-3	SL GR	VFR NSNP	≥48"	≥48"	N/A	N/A	PS .35
		3-8	SCL WSBK	FR NS NP					
		8-32	SC WSBK	FR-FI SS SP					
		32-48	SC/SAP						
2		0-8	SCL						
		8-30	SC						
		30+	AUGER REFUSAL (ROCK)						
3		0-6	SL GR	VFR NS NP	≥48"	38"	N/A	N/A	PS .35
		6-18	SCL	FR SS SP					
		18-38	SC/SAP	FI-FI SS SP					
		38-48	SAP						
4							34"		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____